

MARGARET CRAIG, as next of  
kin and personal  
representative of the estate  
of Angela Hulsey,

VS.

## Defendants

Case No. 3:17-cv-01335  
JURY DEMAND  
JUDGE CAMPBELL  
MAGISTRATE HOLMES

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1 someone is suffering from withdrawal or staph  
2 bacteremia."

3           When you say "withdrawal," are you talking  
4 about drug withdrawal?

5           A.    Yes.

6           Q.    Okay. Are you able to give an opinion of  
7 whether or not Ms. Hulsey was actually suffering from  
8 any type of withdrawal during this period of time?

9           A.    I do not know.

10          Q.    The fact that she had positive drug screens  
11 prior to going to the jail, does that tell you in terms  
12 of proximity to her arrest when was the last time she  
13 actually may have used a drug?

14          A.    It may tell someone that. I don't know.  
15 These different drugs have different half-lives, so some  
16 may have been there for a long time. Some -- I only  
17 know cocaine has a very short one, so if that's there,  
18 it's probably been recent use. Other ones I can't tell  
19 you specifically how long, what that means. I would say  
20 recently, so...

21          Q.    Part of taking a deposition like this is also  
22 kind of an elimination process, and I want to make sure  
23 that if this case goes to trial that you're not going to  
24 start giving opinions about drug half-lives and whether  
25 or not she was suffering withdrawal or anything of that

1 nature.

2 As we sit here today, do you have any opinions  
3 about whether she was actually suffering from any type  
4 of drug withdrawal?

5 A. I do not.

6 Q. Okay. When you're talking about  
7 distinguishing between whether it is withdrawal or  
8 whether it's an infection, would you first agree that  
9 drug withdrawal can also be a serious medical condition?

10 A. Yes.

11 Q. Is there particular ways in which medical  
12 professionals are able to distinguish between a person  
13 who is withdrawing or somebody that has an infection?

14 A. I think oftentimes it's a clinical scenario  
15 where we -- patient gives a history of drug use. It's  
16 in that window period patients will often tell you these  
17 are what my withdrawal symptoms are like, and I think  
18 it's a -- basically a process of elimination. If  
19 there's some concern that there's something more to it  
20 than just simple withdrawal, infection -- obviously  
21 tests for infection would involve blood work and  
22 cultures and other -- you know, measuring their vital  
23 signs and other things which may help to lead one down  
24 one path versus another.

25 Q. And can you have both at the same time, you

1 have an infection and be withdrawing from drugs?

2 A. Yes.

3 Q. Would that make either or the other more  
4 serious?

5 A. Potentially, yes.

6 Q. Now, you use a phrase here, and we've talked  
7 about it a little bit, but you talk about "Ms. Hulsey's  
8 fecal incontinence was an alarming symptom."

9 I'm assuming "alarming symptom" is not a  
10 particularly medical specific term, but when you're  
11 using this phrase "alarming symptom," what do you mean  
12 by that?

13 A. I mean, it's not something you often hear  
14 patients complain about or it's something that catches  
15 my attention when I hear someone say that.

16 Q. All right. In what way?

17 What would you -- how would you respond then  
18 with that type of information?

19 A. Well, I would want to know more surrounding  
20 that. What led to that, what -- often what does the  
21 patient think this is. Has this happened before. How  
22 many times has this happened. Am I giving you a  
23 medicine that's causing this to happen. Is there  
24 further -- is there further investigation that was  
25 warranted based on that as opposed to something like

1 with seizures.

2 Q. All right. Do you know if she was  
3 unresponsive during that time?

4 A. I believe there was some testimony that she  
5 was answering questions or answer -- responding in some  
6 way.

7 Q. Do you know what was being done at the time  
8 that she exhibited these seizure-like symptoms to  
9 Ms. Durham?

10 MR. BEEMER: Object to the form.

11 A. I'm not sure I specifically recall.

12 Q. (By Mr. Moseley) Okay. Do you recall if her  
13 vital signs were being taken?

14 A. I don't recall.

15 Q. In your opinion, is that event a sign of a  
16 serious medical condition?

17 A. It could be a sign of a serious medical  
18 condition. I think syncopal episodes happen frequently  
19 and often resolve, and they're not serious medical  
20 conditions. Again, working on the description of this,  
21 I think it's difficult to say.

22 Q. You're aware that Ms. Durham described it as a  
23 seizure event?

24 A. Yes.

25 Q. Okay. Assuming it was a seizure event, would

1 you consider that a serious medical condition?

2 MR. BEEMER: Object to the form.

3 MS. WILLIAMS: Same.

4 A. If she had had a seizure, yes.

5 Q. (By Mr. Moseley) And would the proper  
6 response have been to either contact a doctor or take  
7 her to the hospital?

8 A. Yes.

9 Q. Going to the, I guess, second to the last  
10 paragraph on the last page of your report, it's your  
11 opinion she suffered an anoxic brain injury related to  
12 septic shock?

13 A. Yes.

14 Q. And that was following her heart attack that,  
15 again, was caused by the infection?

16 A. Yes.

17 Q. The last sentence of that paragraph says, "It  
18 would be speculation as to whether transferring her to  
19 the hospital on October 11<sup>th</sup>, 2016, after she appeared  
20 to have a seizure would have changed this outcome."

21 What is that based on?

22 A. Well, I think we don't know what would have  
23 happened had she gone to the hospital, what treatment  
24 would have been rendered, what investigation -- what  
25 workup would have been done.